



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

RECEIVED

Date Received  
Official Use Only

APR - 3 2013

2013 APR - 8  
CITY OF BALDWIN PARK  
CITY CLERK'S DEPARTMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Lozano Manuel

////////

1. Office, Agency, or Court

Agency Name

City of Baldwin Park

Division, Board, Department, District, if applicable

City Council

Your Position

Mayor

► If filing for multiple positions, list below or on an attachment.

Agency: County Sanitation District # 15 & 22 L.A. County

Position: Director (City of Baldwin Park)

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Baldwin Park, California

☒ Other County Sanitation District #15&22 L.A. County

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election year \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Signature

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete.

Date Signed 04/02/2013

(month, day, year)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Manuel Lozano

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

3904 Bresee Street, Unit #2

CITY

Bladwin Park, CA. 91706

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold      ☐ \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold      ☐ \_\_\_\_\_  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments:

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Manuel Lozano

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

St. Francis Medical Center

ADDRESS (Business Address Acceptable)

3630 E. Imperial Hwy, Lynwood, CA. 90262

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Medical Center (Hospital)

YOUR BUSINESS POSITION

Director, Public Safety

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address  
City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Manuel Lozano

► NAME OF SOURCE (Not an Acronym)

Waste Management

ADDRESS (Business Address Acceptable)

13940 Live Oak Avenue, Baldwin Park

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Waste Hauler

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 03 / 12	\$ 60.00	Dinner
02 / 03 / 12	\$ 75.00	Tour
04 / 26 / 12	\$ 60.00	Dinner

► NAME OF SOURCE (Not an Acronym)

Waste Management (Continued)

ADDRESS (Business Address Acceptable)

13940 Live Oak Avenue, Baldwin Park CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Waste Hauler

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 12	\$ 60.00	Dinner
11 / 08 / 12	\$ 50.00	Dinner
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Afriat Consulting

ADDRESS (Business Address Acceptable)

4107 West Magnolia Blvd, Burbank CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government Relations Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 12	\$ 60.00	Dinner
12 / 20 / 12	\$ 60.00	Dinner
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Olivarez Madruga P.C.

ADDRESS (Business Address Acceptable)

1100 S. Flower Street, Suite 220 Los Angeles CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 18 / 12	\$ 60.00	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Clear Channel Communications

ADDRESS (Business Address Acceptable)

19320 Harborage Way, Torrance CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Global Media Entertainment Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 12	\$ 60.00	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Southland Transit

ADDRESS (Business Address Acceptable)

14913 Ramona Blvd, Baldwin Park CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Transportation Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 25 / 12	\$ 60.00	Dinner
/ /	\$	
/ /	\$	

Comments:

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>Manuel Lozano</b>
---

► NAME OF SOURCE (Not an Acronym)  
**Olivarez Madruga P.C.**

ADDRESS (Business Address Acceptable)  
**1100 s. Flower Street, Suite 220 Los Angeles, CA.**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Law Firm**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / / 12	\$ 250	Baseball Tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)  
**Ken Spiker**

ADDRESS (Business Address Acceptable)  
**1100 S. Flower St., Suite 3300. Los Angeles CA.**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**(Govt. Relation Consultant)**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 18 / 12	\$ 60	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_